### Nivolumab (BMS-936558)

### Pediatric Subcommittee of the Oncologic Drugs Advisory Committee

November 5, 2013



#### **Agenda**

Introduction

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Proposal and Data to Support Nivolumab Pediatric Development Plan Renzo Canetta, M.D.

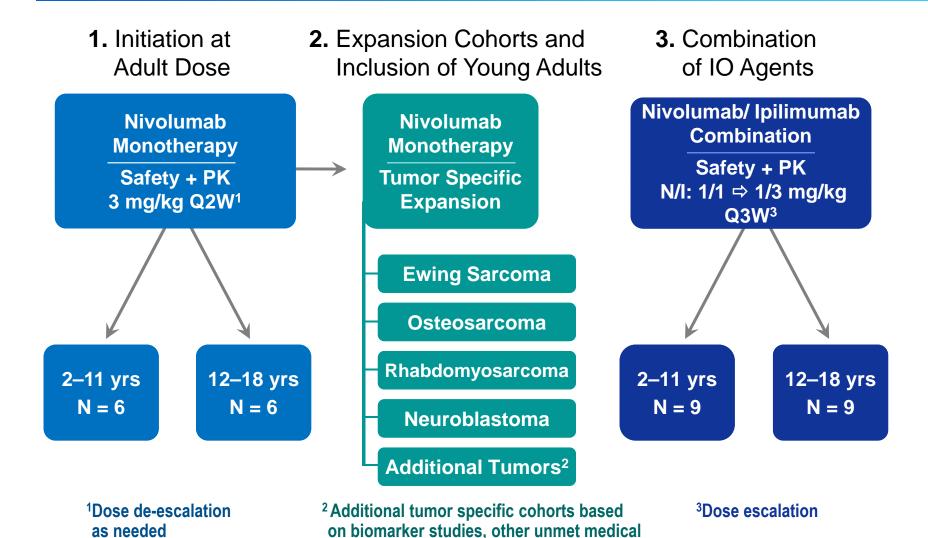
Vice President, Oncology Global Clinical Research Bristol-Myers Squibb

#### **Addressing Unmet Needs in Pediatric Patients**

- Goal is a global pediatric program which efficiently and safely evaluates nivolumab in tumors relevant to the proposed population
- Multiple collaborations have led to this innovative proposal
  - July 2013: Meeting with FDA and NCI
  - September 2013: Meeting with EMA's PDCO
  - Multiple consultations with US and EU pediatric experts

#### Initial Pediatric Ph1/2 Study Design

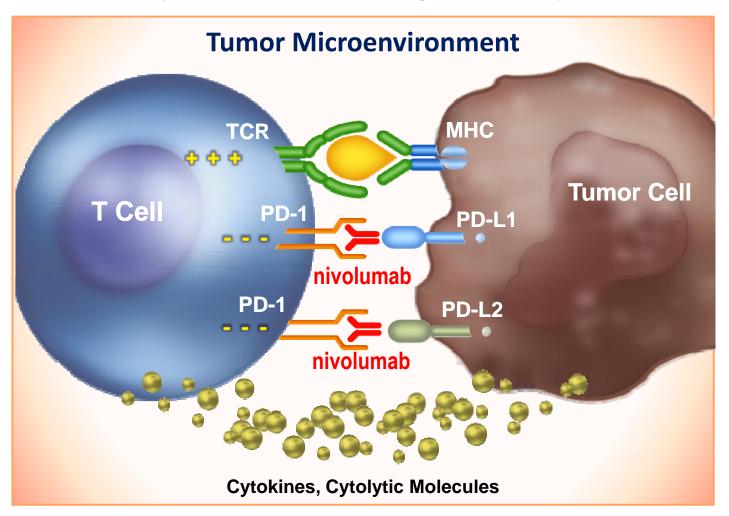
#### Three Elements of Innovation



needs, and relevant adult experience.

#### **Mechanism of Action for Nivolumab**

Nivolumab is a fully human monoclonal IgG4 antibody



#### Initiation at Adult Dose and Schedule

- No evidence of dose-response relationship for safety was observed up to 10 mg/kg in adult patients across multiple tumor types <sup>1</sup>
- The regimen of 3 mg/kg Q2W was chosen for the ongoing Phase 3 program and constitutes our largest experience across the adult program
- Exposure in pediatric patients is expected to be similar to that of adults receiving the same mg/kg dose, as clearance of nivolumab decreases with decrease in body weight <sup>2</sup>
- Study investigators support the initiation of pediatric studies at the 3 mg/kg dose and schedule
- Ipilimumab pediatric data support similar safety profile of checkpoint inhibition in pediatric and adult patients

<sup>1.</sup> Topalian S., et al., *NEJM 2012;* 366 (26):2443-2454.

<sup>2.</sup> Agrawal, S., et al. Poster Presentation at ASCO: 2012 June 2-5; Chicago IL: Abstract TPS2622.

## Nivolumab Phase Ib in Adults: Treatment-Related Adverse Events in ≥1% of All Treated Patients

	Nivolumab, Event Percent							
	1 mg/kg (N=79)		3 mg/kg (N=50)		10 mg/kg (N=130)		Total (N=296*)	
Event	All	Gr 3 or 4	All	Gr 3 or 4	All	Gr 3 or 4	All	Gr 3 or 4
Any AE	49	6	38	4	38	8	41	6
Rash	20	-	8	-	8	-	12	-
Diarrhea	19	-	6	-	9	2	11	1
Pruritus	16	-	8	-	7	1	9	<1
ALT increased	5	-	4	-	3	2	4	1
AST increased	3	-	4	2	2	1	3	1
TSH increased	3	-	4	-	2	1	3	<1
Pneumonitis**	4	3	2	-	4	1	3	1
Infusion-related reaction or hypersensitivity	3	-	6	-	3	1	3	<1
Hypothyroidism	3	-	2	-	2	1	2	<1
Hyperthyroidism	-	-	2	-	1	1	1	<1

<sup>\* 37</sup> patients treated at the 0.1 and 0.3mg/kg doses

<sup>\*\*</sup> Grade 3 or 4 drug related pneumonitis developed in 3 patients (1%), leading to death

# Nivolumab Phase Ib in Adults: Efficacy Across Broad Range of Tumors

	Nivolumab Dose Level (mg/kg Q2W)					
	0.1	0.3	1	3	10	
Objective Response Rate (ORR)						
NSCLC – SQ <sup>1</sup> N=54			<b>0</b> (0/15)	<b>22%</b> (4/18)	<b>24%</b> (5/21)	
NSCLC – NSQ <sup>1</sup> N=74			<b>6%</b> (1/18)	<b>26%</b> (5/19)	<b>19%</b> (7/37)	
Melanoma <sup>2</sup> N=107	<b>35%</b> (6/17)	<b>28%</b> (5/18)	<b>31%</b> (11/35)	<b>41%</b> (7/17)	<b>20%</b> (4/20)	
RCC <sup>3</sup> N=34			<b>28%</b> (5/18)		<b>31%</b> (5/16)	

#### Response evaluation by standard RECIST

8 patients had a persistent reduction in baseline target lesions in the presence of new lesions but were not classified as responders for the ORR calculation.

<sup>1.</sup> Brahmer J, et al. Adapted from a Poster Presentation at ASCO; 2013 June 1-4; Chicago IL: Abstract 8030.

<sup>2.</sup> Sznol M, et al. Adapted from Oral Presentation at ASCO; 2013 June 1-4; Chicago, IL: Abstract 9006.

<sup>3.</sup> Drake CG, et al. Adapted from a Poster Presentation at ASCO: 2013 June 1-4; Chicago IL: Abstract 4514.

#### **Proposed Pediatric Trial Expansion Cohorts**

- Initiate evaluation in select pediatric tumors with unmet medical need
- Possibility to add cohorts according to signals detected in nivolumab program (e.g. CNS tumors)
- Allow inclusion of young adults

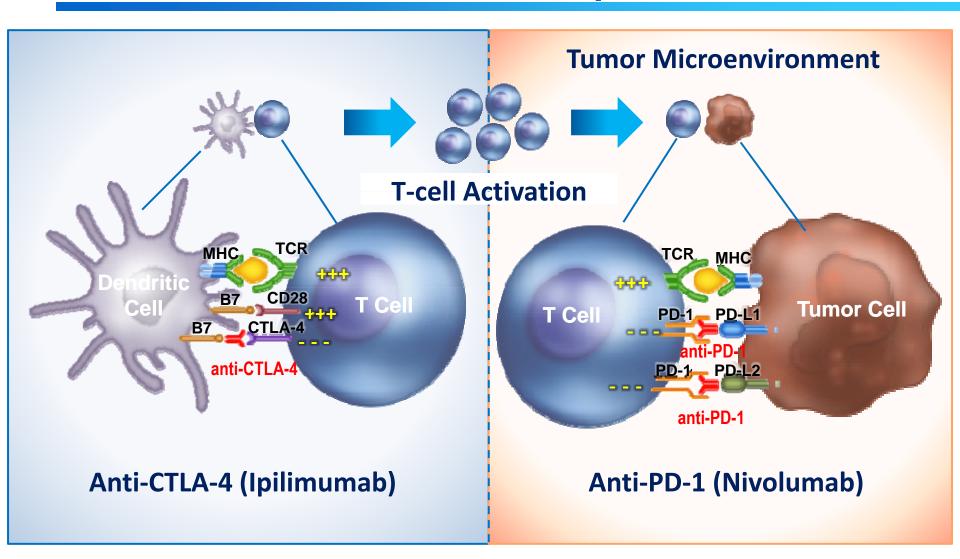
#### PD-L1 Receptor Ligand as a Biomarker

- Data suggest that PD-L1 expression on tumor cells may be associated with tumor response<sup>1,2</sup>
- PD-L1 expression using the BMS-Dako assay is being evaluated in pediatric tumor tissue in collaboration with US and EU investigators
- Ongoing phase 3 nivolumab trials in NSCLC, melanoma, and RCC will explore the role of PD-L1 expression in the tumor as a potential predictive biomarker for clinical benefit

<sup>1.</sup> Topalian S., et al., *NEJM 2012;* 366 (26):2443-54h.

<sup>2.</sup> Grosso JF., et al. Poster Presentation at ASCO; 2013 June 1-4; Chicago IL: Abstract 3016.

#### **Mechanism of Action of Checkpoint Inhibitors**



### Interim Results of a Phase I Trial of Ipilimumab in Pediatric Patients: Trial Enrollment

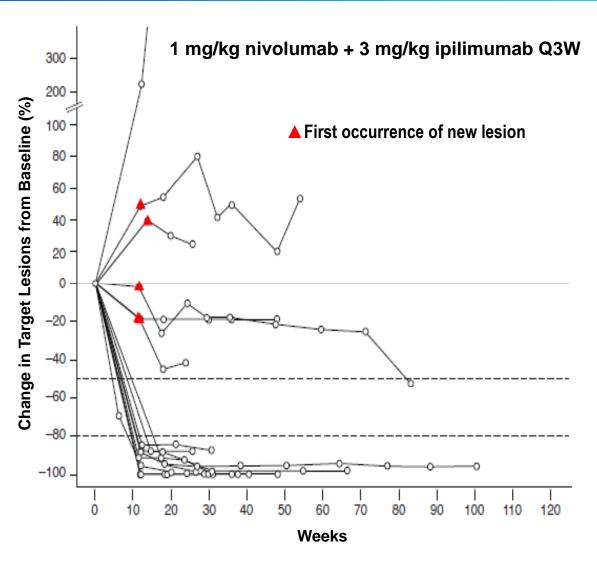
26 patients enrolled, 24 evaluable for toxicity					
Median Age (range)	14 yo (2–21)				
Diagnosis of Enrolled Patients					
Metastatic Melanoma	9				
Osteosarcoma	7				
Synovial Sarcoma	2				
Rhabdomyosarcoma	1				
Renal Cell Carcinoma	1				
Transitional Cell Carcinoma	1				
Neuroblastoma	1				
Spindle Cell Sarcoma	1				
Undifferentiated Sarcoma	1				
Clear Cell Sarcoma	2				

<sup>•</sup> Trial accrual initiated September 2008. Currently 3 sites are accruing.

## Interim Results of a Phase I Trial of Ipilimumab in Pediatric Patients: Immune Related Adverse Events (irAE)

	lpilimumab					
	1 mg/kg (N=3)	3 mg/kg (N=3)	5 mg/kg (N=8)	10 mg/kg (N=10)		
Grade 1	Colitis Rash	Colitis				
Grade 2			Transaminitis Rash Autoimmune Thyroiditis	Autoimmune Thyroiditis Myalgias		
Grade 3			Hypophysitis Transaminitis Angioedema during infusion	Colitis Transaminitis Pleural effusions		
Grade 4			Pancreatitis			

### Concurrent Nivolumab and Ipilimumab in Adults with Melanoma



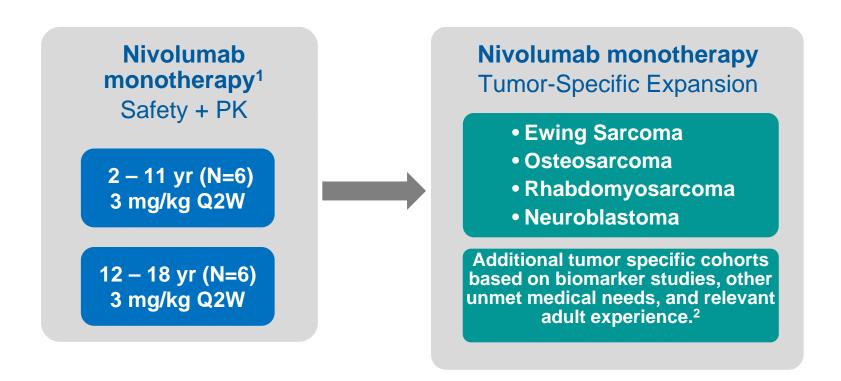
#### **Drug-Related Adverse Events in Adults**

	Nivolumab + Ipilimumab <sup>1</sup> CA209-004 N=53		Ipilimumab <sup>2</sup> MDX010-20 N=380	Nivolumab <sup>3</sup> CA209-003 N=296	
	Any Grade	Any Grade G3-4		G3-4	
Preferred Term	n (%)	n (%)	n (%)	n (%)	
Related AEs	49 (93)	28 (53)	66 (17)	41 (14)	
Rash	29 (55)	2 (4)	5 (1)	-	
Pruritus	25 (47)	-	1 (<1)	1 (<1)	
Diarrhea	18 (34)	3 (6)	14 (4)	3 (1)	
AST increased	11 (21)	7 (13)	1 (<1)	2 (1)	
ALT increased	11 (21)	6 (11)	2 (<1)	2 (1)	
Lipase increased	10 (19)	7 (13)	2 (<1)	2 (1)	
Amylase increased	8 (15)	3 (6)	2 (<1)	-	
Colitis	5 (9)	2 (4)	12 (3)	-	
Pneumonitis	3 (6)	1 (2)	1 (<1)	3 (1)	
Uveitis	3 (6)	2 (4)	-	-	
Thyroiditis	3 (6)	-	-	-	
Hypophysitis	2 (4)	1 (2)	2 (<1)	-	
Pancreatitis	2 (4)	1 (2)	-	-	
Nephritis	2 (4)	2 (4)	-	-	
Adrenal insufficiency	2 (4)	-	2 (<1)	-	
Hyperthyroidism	2 (4)	-	-	1 (<1)	

<sup>1,3</sup> Data pooled across all dose cohorts

<sup>&</sup>lt;sup>2</sup> MDX010-20 used ipilimumab 3 mg/kg + GP100

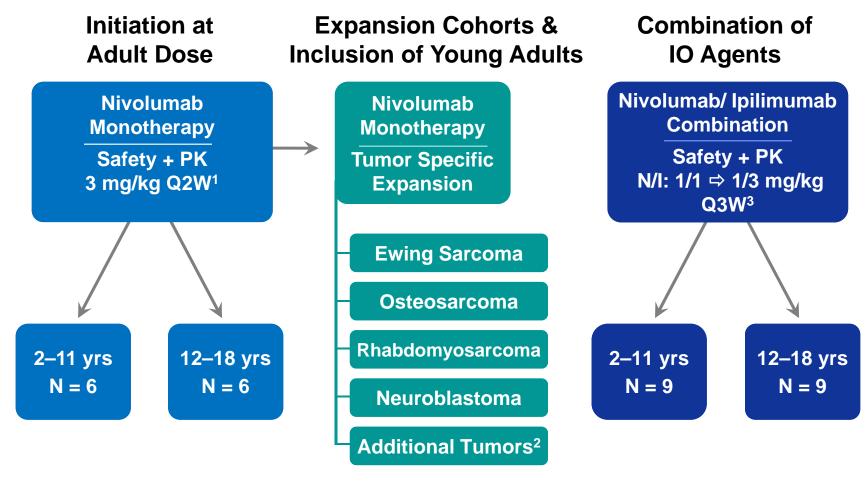
# Proposed Pediatric Ph1/2 Study Design: Monotherapy



Dose de-escalation as needed

<sup>&</sup>lt;sup>2</sup> Young adults will be entered in the expansion cohorts

# Proposed Pediatric Ph1/2 Study Design: Expansion and Combination



<sup>&</sup>lt;sup>1</sup>Dose de-escalation as needed

<sup>&</sup>lt;sup>2</sup>Additional tumor specific cohorts based on biomarker studies, other unmet medical needs, and relevant adult experience.

<sup>&</sup>lt;sup>3</sup>Dose escalation

# Additional Components of the Proposed Global Pediatric Development Plan

- Nonclinical biomarker study
  - Samples from pediatric tumor banks
- Planned studies addressing PIP requirements:
  - Modeling and simulation studies
- Confirmatory efficacy study based on activity signals

#### **Summary**

- Goal is to efficiently develop a global pediatric program for nivolumab in tumors relevant to pediatric patients
- Innovative approaches are needed to accelerate pediatric development
- Immuno-Oncology agents provide unique opportunities for collaborative pediatric development with Health Authorities and investigators globally